

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF BIRTH

County of Lancaster
Township of Greenfield
or

Borough of _____

City of _____

No. _____ St. _____

Ward. _____

FULL NAME OF CHILD _____

Sex of Child Female Twin, Triplet or other? —

Number in order of birth —

Legitimate? yes

Date of birth (Month) April (Day) 16 (Year) 1908

FULL NAME FATHER William Russell

FULL NAME MOTHER Era Louis Russell

RESIDENCE Greenfield

RESIDENCE do

COLOR w

AGE AT LAST BIRTHDAY 32 (Years)

COLOR w

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE U.S.

BIRTHPLACE id.

OCCUPATION Farmer

OCCUPATION wife

Number of child of this mother 1

Number of children, of this mother, now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on April 16, 1908, at 6 P. M.

*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

(Signature) J. H. Harper

M.D.

(Physician or Midwife)

Given name added from a supplemental report

Address Carbondale Pa.

Filed May 28, 1908

Registrar Fred W. Lewis

Registrar

COMMONWEALTH OF PENNSYLVANIA

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 598

File No. _____

Primary Registration District No. 2828

Registered No. 201

Still Birth

1604